OFFICE UP FINANCE CRYSTAL PLAZA 2, LOBBY

FROM: PCT INTERNATIONAL DIVISION-DO/EO

## TLEASE PROCESS THE FOLLOWING COLLECTIONS:

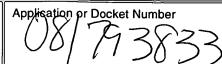
| FEE COOE       | AMOUNT         | FEE CO <b>OE</b> | AMOUNT       | •          |
|----------------|----------------|------------------|--------------|------------|
| BASIC FEE      |                |                  | TIPLE DEPEND | ENT        |
| 961            |                | 964              |              | •          |
| 970            | <b>455</b>     | 966              | as .         | . •        |
| 971<br>958     | 4 9 9          | 967<br>968       | _ 6.0        | <b></b> /. |
| 959            |                | 969              |              | ,          |
| 957            |                | LATE FEE/SUR     | CHARGE       | •          |
| 962            |                | 254<br>156       | ·            |            |
| OTHER:         |                | 581              |              | -          |
|                |                |                  |              | •          |
| THE ORIGINAL M | ETHOO OF PAYME | INT              |              |            |

| BY A CHECK                    | 1      | * |
|-------------------------------|--------|---|
| BY A CHARGE TO DEPOSIT ACCOUN | IT NO. |   |

DO/EO FEE



## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1996



| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                              |                                |                                          |                           |                 | SMALL                               | <i>i</i><br>ENTITY                    | OR     |        | R THAN<br>ENTITY       |                  |        |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------|---------------------------|-----------------|-------------------------------------|---------------------------------------|--------|--------|------------------------|------------------|--------|------------------------|
| FOR                                                                                                                                                                                                                                                                                                                                                                                                         | l                              | NUM                                      | NUMBER FILED NUMBER EXTRA |                 |                                     | RATE                                  | FEE    | -      | RATE                   | FEE              |        |                        |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                          |                           |                 |                                     |                                       | 385.00 | OR     |                        | 770.00           |        |                        |
| тоти                                                                                                                                                                                                                                                                                                                                                                                                        | TOTAL CLAIMS 27 minus 20 = * 7 |                                          |                           | x\$11=          | 88                                  | OR                                    | x\$22= |        |                        |                  |        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | PENDENT CL                     |                                          | +                         | us 3 =          | *                                   | · · · · · · · · · · · · · · · · · · · | ∦      | x40=   | ,                      | OR               | x80=   |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                            |                                |                                          |                           |                 | +130=                               |                                       | OR     | +260=  |                        |                  |        |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                    |                                |                                          |                           |                 |                                     | TOTAL                                 |        | OR     | TOTAL                  |                  |        |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                |                                |                                          |                           |                 |                                     | SMALL                                 | ENTITY | OR     |                        | R THAN<br>ENTITY |        |                        |
| -                                                                                                                                                                                                                                                                                                                                                                                                           |                                | CLAIMS                                   |                           | HI              | GHEST                               |                                       | ]      | JIHALL |                        | 011              |        |                        |
| enta                                                                                                                                                                                                                                                                                                                                                                                                        |                                | REMAINING<br>AFTER<br>AMENDMEN           |                           | PRE             | UMBER<br>EVIOUSLY<br>AID FOR        | PRESENT<br>EXTRA                      |        | RATE   | ADDI-<br>TIONAL<br>FEE |                  | RATE   | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                   | Total                          | * 28                                     | Minus                     | **              | 28                                  | =                                     |        | x\$11= |                        | OR               | x\$22= |                        |
| ME                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                    | * 6                                      | Minus                     | ***             | 3                                   | = 3                                   |        | x40=   |                        | OR               | x80=   |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                              |                                |                                          |                           |                 |                                     | +130=                                 |        | OR     | +260=                  |                  |        |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                            |                                |                                          |                           |                 | A                                   | TOTAL<br>ADDIT. FEE                   |        | OR     | TOTAL<br>ADDIT. FEE    |                  |        |                        |
| ENT B                                                                                                                                                                                                                                                                                                                                                                                                       |                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |                           | HI<br>NI<br>PRE | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                      |        | RATE   | ADDI-<br>TIONAL<br>FEE |                  | RATE   | ADDI-<br>TIONAL<br>FEE |
| ENDMENT                                                                                                                                                                                                                                                                                                                                                                                                     | Total                          | * 65                                     | Minus                     | **              | 28                                  | = 37                                  |        | x\$11= |                        | OR               | x\$22= | 1                      |
| AMER                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                    | * 6                                      | Minus                     | ***             | 6                                   | =                                     |        | x40=   |                        | OR               | x80=   |                        |
| <b>Q</b>                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRES                     | SENTATION (                              | OF MULTIPLE               | DEPE            | NDENT CL                            | AIM                                   |        | +130=  |                        | OR               | +260=  |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                            |                                |                                          |                           |                 | ۸                                   | TOTAL<br>DDIT. FEE                    |        | OR     | TOTAL<br>ADDIT. FEE    |                  |        |                        |
| ENTC                                                                                                                                                                                                                                                                                                                                                                                                        |                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |                           | NI<br>PRE       | GHEST<br>JMBER<br>VIOUSLY<br>JD FOR | PRESENT<br>EXTRA                      |        | RATE   | ADDI-<br>TIONAL<br>FEE |                  | RATE   | ADDI-<br>TIONAL<br>FEE |
| NO M                                                                                                                                                                                                                                                                                                                                                                                                        | Total                          | *                                        | Minus                     | **              |                                     | =                                     |        | x\$11= |                        | OR               | x\$22= |                        |
| amendment                                                                                                                                                                                                                                                                                                                                                                                                   | Independent                    | *                                        | Minus                     | ***             |                                     |                                       |        | x40=   |                        | OR               | x80=   |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                              |                                |                                          |                           |                 |                                     | +130=                                 |        | OR     | +260=                  |                  |        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                |                                          |                           |                 |                                     |                                       |        |        |                        |                  |        |                        |